

Cavista Ltd

# Cavista Ltd

## Inspection report

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## Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
Is the service well-led?	Inspected but not rated

# Summary of findings

## Overall summary

### About the service

Cavista is a residential care home providing personal and nursing care to 20 younger and older people, some who may live with dementia. There were 18 people living at Cavista at the time of the inspection. The care home accommodates people across two separate floors and has use of a stair lift.

### People's experience of using this service and what we found

This was a targeted inspection that considered specific areas of regulation 12 and 17 that were not being met at the last inspection and two warning notices were issued. This was because we found the equipment used for providing care or treatment was not used in a safe way. The premises were not always kept safe. Risks to the health and safety of people using the service were not always assessed and reasonably practical actions to mitigate such risks were not always taken. We saw that one person's care plans and risks assessments were not always up to date. There was no monitoring and analysis of whether staff training met people's needs and was up to date. This demonstrated that the provider was not following its own good governance policy.

At this inspection people were supported in a safe way. Call bells were accessible to people and did not pose a risk to people's safety. Equipment such as wheelchairs were used safely and wardrobes were secured to walls, to minimise the risk of them falling on to people. Security doors and fire doors were secured to minimise the risk of people living with dementia leaving the building unescorted. New restrictors were attached to windows that were robust and ensured people's safety. Improvements were seen in medicines management and the infection control practices at the home. We saw care plans reflected people's needs and were kept up to date. The overall governance of the home has improved to ensure people were supported in a safe way.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Inadequate (published 29 July 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made to address the two Warning Notices we previously served.

### Why we inspected

We undertook this targeted inspection to check whether the warning notices we previously served in relation to Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains Inadequate.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Inspected but not rated**

Inspected not rated

At our last inspection we rated this key question Inadequate. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

### Is the service well-led?

**Inspected but not rated**

Inspected not rated

At our last inspection we rated this key question Inadequate. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

# Cavista Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act.

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 12, Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 17, Good Governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was undertaken by one inspector.

#### Service and service type

Cavista is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The previous registered manager was no longer employed at the service, but they had not cancelled their registration. The service did not have a manager registered with the Care Quality Commission, but the manager confirmed they had commenced the registration process. This means that at the time of the inspection the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

## Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

### During the inspection

We spoke with the manager and a senior care worker. We introduced ourselves to people living at the home and undertook observations of care practices within communal areas. We checked that environmental concerns had been addressed. This included the accessibility of call bells in people's rooms, that effective window restrictors were in place and that wardrobes identified at the last inspection as not secure, had been secured to walls to prevent them tipping or being pulled over. We also checked that people were supported safely when using wheelchairs. We reviewed the infection control measures in place and that safety checks were completed including water temperature, fire safety and emergency lighting checks. We checked improvements had been made in medicines management. This included reviewing multiple medication records.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at minutes of team meetings and the provider's promoting dignity in care policy that had been discussed with staff. We also reviewed the provider's and medicines audits and accident and incident records. We reviewed the records of staff training and care records for one person.

The manager also updated us on completed improvements since the inspection, such as a new window installed in the ground floor bathroom and a new bin with a foot pedal lid in the staff toilet.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Inadequate. We have not changed the rating of this key question, as we have only looked at the part of the key question, we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

We will assess all of the key question at the next comprehensive inspection of the service.

### Assessing risk, safety monitoring and management

- At the last inspection call bells in people's bedrooms were not attached to the wall and had a long cord attached. This presented an entanglement and potential choking risk. At this inspection we saw call bells had been changed and were now cordless.
- At the last inspection one person was unable to access their call bell from their bed as it was not within reach. At this inspection no one was in bed during the day and we saw people were supported as needed by staff in the communal lounges. Call bells in bedrooms were kept in a holder next to people's beds.
- We identified at the last inspection that people were not always supported safely when using wheelchairs. One person was not supported to sit safely in their wheelchair and their feet were not positioned on to the foot plate. This placed the person at risk of harm. The manager advised us that this wheelchair was taken out of operation after this inspection and removed from the home. We saw safe practices were now in place and followed.
- We identified unsafe practices at the last inspection as the wardrobes in two bedrooms were not securely fixed to wall. We saw this had been addressed and these wardrobes had been secured to prevent them tipping or being pulled over. The manager also confirmed that checks had been completed on all wardrobes to ensure they were securely fixed to walls.
- The window restrictors at last inspection were not robust which meant they could be broken easily. These had been replaced with new window restrictors that were secure.
- At the last inspection security doors and fire doors were not always closed putting people at risk if there was a fire and at risk of leaving the building unescorted when they lacked the capacity to do this safely. At this inspection these doors were closed to maintain people's safety.
- Written records to confirm checks were undertaken where not in place at the last inspection. We saw these records were now in place. This included checks on the emergency lighting system and water temperatures in line with legionella management. This ensured the risks to people were minimised.

### Using medicines safely

- At the last inspection we saw improvements were needed in the management of medicines. This was because some topical creams and lotions were not stored securely. Some were found in communal

bathrooms. Some did not have a prescription label on, or the label had faded and was unreadable. We saw practices had improved and topical creams were stored safely and had clear prescription labels on. Records were maintained for the application of topical creams.

- At the last inspection one person had not received their prescribed medication. The reason given was that the medication administration record (MAR) was full. At this inspection we saw that continuation recording sheets had been attached when needed, to ensure this did not happen again. The provider was in the process of moving to a new pharmacy whose MAR sheets were clearer and easier to follow.
- We saw that medicines had been signed for when given or the reason why they had not been given recorded. One person was waiting for a medicine that was not in stock. The manager had taken the appropriate action to address this and confirmed after the inspection that this medication had been delivered.
- At the last inspection temperatures of the clinical fridge had not been recorded. At this inspection we saw room temperatures for medicines were in place. Fridge temperatures had not been recorded and the manager said this was because no medicines were stored in it. We advised the manager that this should still be done, to ensure if it is needed in the future it is running at the correct temperature. The manager started clinical fridge recordings on the day of the inspection.
- Records to confirm staff had their competency in medicines administration were in place and dated.

#### Preventing and controlling infection

- At the last inspection infection control measures were not in line with good practice. We observed staff with face masks under their nose and one staff member wearing two pairs of disposable gloves with the top pair torn. At this inspection staff wore PPE appropriately and we saw the correct use of PPE was discussed at the last team meeting.
- At the last inspection a staff member was observed carrying used bedding from the person's bedroom to the laundry room without placing it in a bag. The bin in the ground floor bathroom was overflowing and did not have a closing lid that was foot operated. These practices put people at risk of infection. We saw safe infection control practices were followed at this inspection and new bins with foot operated lids were in place.
- At the last inspection people were not supported to socially distance from one another when sitting in communal areas. We saw that people had some space between them in the lounge area. However, some preferred to sit with each other and this was respected. The manager confirmed that people would be supported in their bedrooms if there was a COVID-19 outbreak.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Inadequate. We have not changed the rating of this key question, as we have only looked at the part of the key question, we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

We will assess all of the key question at the next comprehensive inspection of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to operate effective management systems to mitigate risk. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 17.

- At the last inspection the new manager had been in post for five weeks. The new manager had implemented the required changes and applied to register as the manager.
- The previous registered manager had not cancelled their registration with the CQC. The provider had submitted the required statutory notification to report an absence of a registered manager.
- Providers are required to display the latest CQC rating at the location; this was not displayed at the last inspection. At this inspection the rating was displayed.
- At the last inspection the provider was not compliant with their own 'good governance' policy. This was because a number of audits for the quality and safety of the service had not been completed in line with this policy. We found action had been taken to improve the service, such as audits for infection prevention and control, health and safety and security of the environment. This protected people from the risk of harm.
- At the last inspection we found medicines management shortfalls as the provider was not following their own 'management of medications' policy. At this inspection we saw that improvements had been made to ensure medicines were managed safely.
- At the last inspection the manager had no oversight of staff training as they were not able to access the provider's staff training account. This has now been rectified and we saw staff training was provided and monitored.
- At the last inspection improvements were needed to ensure people's care records were accurate and

completed by staff that had provided support to the individual. We saw these improvements had been made. Care records contained accurate and up to date information.

#### Continuous learning and improving care

- At the last inspection there was no effective system in place to review accidents and incidents. The manager told us a system to review accidents and incidents was not in place and they relied on verbal reports from staff. They were not able to show us a written record of a fall a person had sustained. At this inspection we saw records were in place. The manager confirmed that she was in the process of developing an analysis of accidents or incidents, this would enable the manager to look for any patterns and trends. This meant systems to help inform continuous learning and improve care and safety were in place and being further developed.